THE CALIFORNIA MEDICAL JOURNAL.

NOT BOUND TO SWEAR TO THE DOGMAS OF ANY MASTER.

D. MacLEAN, M. D.....Editor
D. D. CROWLEY, M. D.....Editor

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ORIGINAL COMMUNICATIONS.

PNEUMONIA IN HIGH ALTITUDES.

BY WALLACE S. SPRINGSTEEN, M. D.

EDITORS CALIFORNIA MEDICAL JOURNAL.—I notice in the January number of your valuable Journal an editorial item, under the head of Statistics, wherein reference is made to the mortality in Pneumonia, and requesting the eclectics to keep a correct record of the cases treated with results, etc. This in my opinion is an excellent suggestion. Hence, I take time by the "forelock," and embrace this opportunity in placing before the readers my experience with Pneumonia. I shall endeavor to be brief at the same time give my experience only as we meet this disease in *high altitudes* as in portions of Colorado, Utah, Montana, Idaho, Nevada and California. That Pneumonia is more severe in high altitudes, there can be no doubt, which fact is well proven by Mortuary Statistics.

So severe and fatal has this disease been in many mining camps, that the approach of the fall and winter months were actually met with a dread by the inhabitants. I have had considerable experience with this disease. During the winters of '79 and '80 while the Nevada C. R. R. was in course of construction I had charge of the Branch Hospital of Lander Co.,

situated at Battle Mountain, Nevada, for the accommodation of R. R. men, which force numbered some 1,200, the greater portion of the time. These men were transported from the mild, pleasant climate of California in the midst of winter to the cold, dry piercing climate of Nevada. Even the necessary exposure was very great as they were sheltered only by tents. The winters of '79 and '80 were very severe in Nevada, many men being badly frozen, some even fatally so. Of course a great many contracted colds, and hence Pneumonia was the result. During the months of January, February and March of 1880, I admitted for treatment, fifty-eight cases of Pneumonia. This does not include my private practice which number would greatly swell the long list I treated in all. But what is pleasing, I had no deaths to report from Pneumonia. The "differentio" in the type of this disease in the Pacific Coast climate and that of the Atlantic or Eastern States is manifested in the suddenness of the attack, and the rapid development attributed no doubt to the high, dry rarefied atmosphere and the absence of sufficient oxygen. I am not a hobbyist on specific medication the least of all diseases, Pneumonia. Still I hope to be of service in this wise, to the student and practitioner who may be unacquainted with the influence, climate *i. e.* changes exert over this disease. Especially would I call attention to and impress the necessity of, prompt and vigorous treatment. When the practitioner meets with a case of this disease that approaches a fatal termination it is lamentable to resort to the old story, "poor fellow his lungs were constitutionally affected; had his lungs not been so diseased he might have recovered." No one will dispute, had the patient not died, he would have weathered it through.

But here is the secret, this disease does not attack the weak alone, it seizes the strong, the robust, the well-developed lung, this is just the one whose life is in danger. Pneumonia is an engorgement of blood to the lungs, the effect of throwing off the burden is that of inflammation, hence the more blood the more severe.

This is not a mere assertion of mine, it is the acknowledged

experience of every practitioner who has practiced in high altitudes. The stronger and apparently the more healthy the subject attacked, the more severe the disease; the more blood, the more oxygen required and the greater pressure to the lung substance to throw off the burden. In all climates Pneumonia is directly an inflammation of the substance of the lung, single, double, or lobular.

Idiopathic from cold or wet, traumatic from injuries, gunshot or other wounds, and tuberculosis in phthisis and typhoid, which latter is a continuation of a depressing fever combined, called typhoid pneumonia. I shall diagnose it as we have it only in high altitudes which is usually ushered in with a chill. This is a stage of depression, a flush face, great arterial disturbance soon followed by fever, hot skin, rapid pulse, difficulty in breathing, a short, dry hacking cough, pain present in some portion of the chest. I have observed it most usually in the lower portion of the right lung. As the disease develops in double Pneumonia the pains extend involving both sides. Secretions scanty. urine containing an excess of *urea*, but difficient in the chlorides. Delirium at the beginning is an alarming, symptom. Fever increases rapidly, temperature rises, reaching in a few hours 102°, 103° and 104°.

No disease is more easy to diagnose than Pneumonia, as a general thing so prominent are the symptoms. In a few hours expectoration begins which usually affords a little relief. When a sputum composed of mucous lymph and blood mixed is thrown off, this is the rusty sputum in Pneumonia which by test with nitrate of silver will be seen to contain an excess of chlorides. Pneumonia has been fitly divided in three stages. 1. That of depression at the period of chill where the lung is engorged with blood and congested. 2. That of red hepatization at which degree of disease, effusion, exudation, and expectoration goes on. 3. That of gray hepatization, where softening or purulent infiltration occurs. This is an extremely dangerous degree of disease, and from which but few rally.

In treating a case of Pneumonia we are guided by physi-

cal signs, as percussion, auscultation and (though not least of all) the fever thermometer. These signs differ through the different stages, as for instance, in the first stage we perceive a dull sound on percussion over the affected part, and as the disease develops, on auscultation we notice a fine crepitant *rale*; the same stage after the exudation is fully established, instead of the *rale* we notice great dullness on percussion and bronchical respiration and vocal fremitus; as resolution goes on we find the deep, coarse vocal sounds diminishing. and the thin crepitant *rale* returns again, and on percussion the dullness seems to lessen.

Expectoration is more free and gradually lessens. Patient gains strength, resolution hastens, and in many cases rapid recovery is the sequel. One, treating Pneumonia, needs to make frequent examinations by percussion and auscultation. I do not employ the stethoscope, I rely more especially upon the ear over the affected part. A good fever thermometer is of signal service. The fever usually rises as evening approaches.

I would here say to illustrate more fully the theory of this disease being more severe and fatal in high altitudes that where it takes days in mild climates for this disease to develop, in high altitudes it takes but hours. I believe I have given a correct and generally comprehensive diagnosis of this disease as we find it at high elevations. To the student and physician treating this disease in high altitudes my watchword in fulfilling the indications so essential to a successful issue of this malady is this: Keep up the strength, *stimulate* and *tone* from the beginning *promptly*, and *thoroughly apply counter irritation.* In doing this you will necessarily depart from theory laid down by many, but the successful practitioner will exercise some reason of his own, adapting his own theory to suit many cases, as indicated; while to follow strictly to the theory of some authors, who may never have seen or have no conception of the changes altitude exerts in this disease, would prove disastrous, at least, I have known this to be the fact. I know it is "hard to learn old dogs

new tricks," but the student, and he who would be successful and work to his own and the interest of his patient, will accept a few hints as I roughly offer them.

When called upon to treat a case of Pneumonia, I apply thorough counter irritation, using the acupuncture, after which I apply croton oil with a camel's-hair brush, over which I lay cotton to exclude the air, and it brings out the eruption better. The relief it affords from pain and difficult breathing is indeed magical. I now prescribe chlorate of potassium, about ℥ij to be put in a teacup two-thirds full of boiling water; when dissolved and sufficiently cooled, give one teaspoonful every two hours, to continue as long as indicated, to cut down the fever, alternating with aconite and verat. viride specific tr.

℞ Aconit.
Verat. virid. āā gtts. xx. (specific tr.)
Aquæ, ℥iv.

M. Sig.—A teaspoonful every two hours until fever is controlled and pulse lessened.

I then discontinue these prescriptions and prescribe—

℞ Pulv. chlo. potass, ℥j.
Syrup scill. co. ℥iij.
Glycerini, ℥j.
Syrup Ipecac. ℥ij.

M. Sig.—One teaspoonful every three hours.

This will greatly aid expectoration. I continue this for some time. If fever returns, I alternate with the aconite mixture again. If the cough is troublesome and pain on coughing, to prevent I add to the cough mixture, or (perhaps what is better and more convenient, etc.,) prepare a preparation containing an anodine:—

℞ Pulv. chlo. pot. ℥j.
Syrup scill. co. ℥ij.
Glycerini, ℥iss.
Mel. ℥ss.
Syrup sarsarp c. ℥j
Tr. opii compt. ℥ss.

M. Sig.—One teaspoonful every two or three hours.

I would not omit saying I begin (the moment expectoration commences) to stimulate as follows:—

℞ Spts. frumenti, ℥v.
Glycerini, ℥iij.

M. Sig.—A tablespoonful as often as required. If the patient needs a tonic, I give Quinia. Sulph. in doses of grs. iij. Every two hours I continue this. It is required in this disease, and can be given with impunity in larger and more frequent doses (without any of the unpleasant effects so often experienced from this drug) than in any other disease. If the fever seems to be unyielding and rises at night, and the patient is prostrate, tongue dry and parched with an accumulation of sordes as seen in typhoid, with sleeplessness and delirium, I know of no remedy that will fulfill the indications as morph. sulph. combined with Ipecac and Podophillin.

I have given the reader my treatment as in the main. Of course as a physician is treating a case he will be guided by the symptoms present, such as sponging and regulating the bowels, occasionally give nitre for the kidneys, etc. My idea in presenting this article is to give the reader my experience of Pneumonia as we find it in high altitudes. And lastly though not by any means the least important, it needs prompt and heroic treatment. I believe in stimulating and toning and using counter-irritation from the first. This is my advice from years of careful study and experience. My treatment is as I have proved it in a hundred cases or more in Nevada the past three years with not a single death, while other physicians have assisted in filling up many a prospect hole with Pneumonia patients in the mining camps of the Pacific Coast. Even in the cities of Oakland and San Francisco thousands of feet below Nevada, the mortuary statistics far exceeds that of the eastern cities, and it is a proof of my theory that in different climates diseases must be treated differently. To treat a case of Pneumonia here as we would East means to finish our patient, and in Nevada and high altitudes it is a thousand per cent. worse.

STRABISMUS.

BY F. CORNWALL, M. D., S. F., CAL.

SQUINT, or crossed eye, is a very common affection with which most persons are familiar. It may be defined as a condition in which binocular vision cannot be maintained; or as an inability to fix an object with both eyes simultaneously. In the beginning of the development of a strabismus two objects will be seen (diplopia), but as time elapses, the image of the squinting eye will be suppressed. In cases of alternating squint the image of the squinting eye will be suppressed. When the squint is confined to one eye, and it is permanent, the image of its retina being suppressed, the retina of this eye will lose its power of perception from disease (amblyopia). Whenever an eye becomes amblyopic in this way, it can never be materially restored, even though the eye be perfectly straightened, and hence, the operation for strabismus is generally performed to improve the appearance of the individual. When the operation is performed with the expectancy of restoring binocular vision, it should be done very early before the squint has become permanent, and before the amblyopia has reached a very high degree.

There are several causes for strabismus, but it is estimated that nine-tenths (or thereabout) of them by hypermetropia, and in these cases the degree of hypermetropia differs in the two eyes, in many cases. There is an intimate association between the function of accommodation and convergence. Accommodation is performed by the muscles of the inside of the eye (the ciliary muscle), and convergence by the internal recti. It seems that an impression made upon the nerve centers to accomplish accommodation, produces a corresponding impression upon the function of convergence, and hence, from the fact that in hypermetropia a great amount of accommodation is required for the near point, there is produced an extra amount of convergence, and as a consequence, too much for the individual to maintain binocular vision.

A person having squint will always tell you that it was

caused by fright, whooping cough, scarlatina, convulsions, etc., and the physician of the olden time took his word for it, knowing of no other cause; but now it is known better. These affections from the debility they induce may, in a hypermetropic chill, develop the squint which otherwise would not have occurred, but had the hypermetropia not existed, strabismus would never have been produced.

A comparatively small number of cases of strabismus is produced by other causes, such as insufficiency of some of the muscles of mobility, opacities of the optical media, myopia, etc. There are a number of varieties of strabismus, the eye being turned in any direction from the normal; but the common deviation is excessive convergence, and this is the condition of which I will treat at present.

Treatment.—Cases of strabismus in children, which are caused by hypermetropia, and have not become permanent, but occur only where near objects are observed, may frequently be cured by glasses which correct the hypermetropia. This procedure, usually, not only cures the strabismus but restores and preserves binocular vision.

Tenotomy is the old treatment for this abnormality, and is still the one to which it is necessary to resort in all old standing cases. It is not, as has been previously stated, to be expected that binocular vision will be restored, the result being merely cosmetic.

This operation is a quite simple surgical procedure, but taking into consideration the skill often required to make a correct diagnosis of the cause of the squint, and the frequent bad results of an operation when performed by an operator who has little knowledge of the history of such cases, it really becomes a formidable affair. Dr. Knapp of New York, one of the really noted oculists of the world, remarked to me not long since that he often became nervous while performing the operation for strabismus—that it was so difficult to cut just enough to make sufficient correction and not to do too much and produce a much greater disfigurement, divergent strabismus.

It is not considered safe usually, to fully straighten a crooked eye at once, particularly should it require extensive cutting to accomplish this object, as in a few years in such cases, the divergence will increase the eye turning outwards instead of inwards, a much worst defect than the first. It is not infrequent in convergent strabismus, of an extreme degree, that both internal recti have to be cut; but this should never be done at one sitting nor during the same year for the reason which has been stated.

The patient, or parent of the patient, must be satisfied with partial correction; which in the course of two or three years, in many cases may increase until the eyes become perfectly straight. It may be laid down as a rule, that no surgeon is justified in operating for strabismus who is not capable of ascertaining the refraction of an eye. It is also important, in these cases, that he be able to diagnose diseases of the *fundus oculi* with the ophthalmoscope, as otherwise he may commit a mistake should he operate at all. I will relate a case of my own which illustrates the latter case. A few weeks ago while traveling through Indiana I was asked to operate upon a ten-year-old boy for strabismus, at first sight I thought the operation justifiable, but upon making an ophthalmoscopic examination found that there was atrophy of the choroid, and that in all probability the boy would be blind within a year or two. Considering that the degree of squint was not great, and that should I operate that I would likely be blamed for the blindness of the child the operation was considered unjustifiable.

I will continue my remarks upon strabismus in another article.

CARELESS CATHETERIZATION.

BY GEO. G. GERE, M. D.

SOME eight or nine years since while practicing in the State of Nebraska, I was summoned in haste to an adjoining county. After a wild night ride of some fifteen miles on a hand car, supplemented by four or five more across the country

in a lumber wagon, I arrived at the house where I found a patient with a fragment of catheter in his urethra. His attending physician, Dr. R., whom I found awaiting my arrival gave me the following history:—

J. L., aged sixty-nine, had suffered a number of years from prostatic enlargement and difficult urination. He had learned to use a catheter for his own relief, but the day before I was called had been unable to strike water with his instrument, and, suffering from retention of urine, had sent to a neighboring village for Dr. R., who came at once and after considerable manipulation, introduced a catheter which seems to have been an aged gum concern with stylet of the common cheap English make. On withdrawing the rusty wire, which he had introduced along with the tube, the catheter parted just beyond the middle, and he drew out the anterior portion with the wire leaving the inner portion some five or six inches in length, remaining within the bladder and urethra. The Dr. tried all the expedients he could think of to remove the fragment, even to giving the patient a diuretic mixture of *spiritus nitre dulcis*, etc., probably hoping to "fire it out bodily" by that means, but only succeeded in complicating the case and increasing the old man's sufferings.

On examination I found that the catheter had parted in an irregularly diagonal direction, and that the sharp jagged anterior extremity of the remaining fragment was engaged in the anterior wall of the urethra about one-half inch behind the point of junction of the penis with the scrotum. Having no forceps delicate and long enough to seize it by way of the urethra, I determined to make a longitudinal incision through the *corpus spongiosum* just forward of the scrotum, which I proceed to do with the assistance of a grooved director inserted in the urethra, and after opening into the urinary canal, I introduced a slender pair of dressing forceps, seized the end of the fragment and removed it without much difficulty. No discharge of urine followed the withdrawal of the instrument, and I immediately introduced a silver catheter into the bladder, relieving the old gentleman of his great

accumulation. Securing the catheter in its position, I closed the wound and left the patient comfortable, with orders that the catheter should be constantly retained until the wound healed. Visiting him a few days afterward I found everything progressing favorably no urine had escaped through the wound which was looking healthy and had nearly healed. I therefore considered it unnecessary to see him again, and left him in charge of his former medical attendant. In a few days however, I was again called to his assistance and was informed that the fastening of the catheter having become somewhat loose, Dr. R. had removed the instrument for the purpose of having it cleansed, and being somewhat under the influence of *spiritus frumenti*, had been unable to return it even after some hours of persistent muscular effort.

I found that the Dr. (whom they had by this time discharged) had in his zealous endeavors torn open the urethral wound and severely bruised the prostatic portion of the urethra and the patient was much prostrated by shock followed by urethral fever. After some manipulation I reintroduced the catheter and left the patient and family happy once more. The poor old man nevertheless, sank gradually and died apparently from exhaustion, some days afterward.

If this article has a moral it is that physicians should thoroughly acquire the art of catheterization and should pay particular attention to the quality of the instruments they use.

SOCIETY MEETINGS.

ILLINOIS STATE ECLECTIC MEDICAL SOCIETY.

DEAR DOCTOR: Allow me to call your attention to the Fourteenth Annual Meeting of the Illinois State Eclectic Medical Society, to be held in the city of Bloomington, Wednesday and Thursday, June 4 and 5, 1882.

You are cordially invited to attend on this occasion, and why not do so? If the working of the society does not meet your approbation in every particular, then come and meet with us, and give us your aid and counsel, and otherwise

assist us in our labors to advance the cause of medical reform. The object of medical associations is for mutual improvement and elevation of the profession; and in order to wield an influence before the public, and to bring our system of medicine into favorable notoriety, every eclectic in the State should attend the annual meetings of the society; and, not only attend, but come prepared to contribute something for the benefit of his associates.

To be recognized professionally, we must be more thoroughly organized; therefore, eclectic physicians, if you wish to prosper in business, you should not fail to attend, and become members of the State Society.

In view of the above facts, we urge you to consult your own interests, the interest of your patrons and the cause of eclectic medicine, and come and meet with us on this occasion.

The following-named members have been assigned subjects, and are expected to prepare papers to be read at our next annual meeting:—

Dr. F. P. Antle, Petersburg, "General Remarks for the Good of the Society;" Dr. R. F. Bennett, Litchfield, "County and District Society;" Dr. Bueching, Quincy, "Malarial Fevers;" Dr. M. S. Clide, Mount Olive, "Pneumonia;" Prof. A. L. Clark, Chicago, "State Board of Health;" Dr. E. P. Crispel, Arlington, "Intermittents;" Dr. Wilson H. Davis, Chicago, "Diseases of Skin;" Dr. F. H. Fisk, Stet. "Disease of Eye;" Dr. R. W. Fisk, Olney, "Remittent Fever;" Dr. W. W. Howser, Lincoln, "Small-Pox;" Dr. W. B. Hathaway, Chicago, "Electricity;" Dr. S. C. Hewitt, Chatham, "Case in Practice;" Prof. Milton Jay, Chicago, "Epidemic Diseases;" Dr. R W. Johnson, Assumption, "Selection from Practice;" Dr. George Kirkpatrick, Laharpe, "Congestive Fever;" Dr. H. J. Weyl, Decatur, "Hemorrhoids;" Dr. J. H. Tilden, "Anatomy;" Dr. H Wohlgemuth, Springfield "Cerebral Diseases;" Dr. W. D. Turner, "Specific Diagnosis;" Dr. C. N. Doss, Pittsfield, "Rheumatism;" Dr. G. W. Dunn, Atlanta, "Case in Practice;" Dr. C. Pierce, Taylor-

ville, "Therapeutics;" Dr. J. C. Stout, Edwardsville, "Dyspepsia;" Prof. A. J. Howe, Cincinnati, "Surgery;" Dr. H. K. Stratford, Chicago, "Status of Eclecticism in Illinois;" Dr. C. V. Massay, Athens, "Case in Practice;" Dr. A. B. Simmons, Morrisonville, "General Practice;" Dr. Henry Olin, Chicago, "Diseases of the Eye and Ear."

In conclusion, let me again urge the necessity of prompt attendance on the part of members of the Society, and I earnestly solicit all eclectic physicians, who can possibly find time to devote one or two days outside of the sick-room to come and join our Society, and you will find it greatly to your advantage, not only as a matter of recreation, but by so doing we learn to look upon each other as brothers, working together, shoulder to shoulder, in one common cause, for the alleviation of suffering humanity, and the elevation of our honorable profession.

The officers of the Society are endeavoring to secure cheap rates on all railroads running into Bloomington.

Headquarters for the occasion will be at the Ashley House. The Society will meet at Washingtonian Hall.

I am informed by the Committee of Arrangements, Dr. Z Waters and Drs. J. and N. Loer, that reduced rates have been secured at the hotel. Hoping to meet you at Bloomington on that occasion,

I remain, very respectfully,

L. H. CLARK, M. D.

Secretary State Society.

Decatur, Ill., January 1, 1882.

A CASE OF NATURE'S SURGERY.

BY GEO. G. GERE, M. D.

M. C. B., of Johnson County, Nebraska, an old gentleman of about seventy years, was the subject of *gangraena senilis* beginning in right lower extremity. He was attended by two physicians of the county who, after exhausting all their resources of medication and local applications, removed the foot at the ankle joint. The disease, however, was unchecked,

and they afterwards removed the leg amputating just above the knee. Soon after this as the disease was still progressing I was sent for to consult with the attending physicians and assist in operating once more if thought advisable. On examination I found the patient quite feeble having been confined to his bed for many weeks; could discover no pulsation over femoral artery diagnosis obstruction, probably from embolism, or stenosis of femoral artery. This diagnosis was assisted somewhat by the report of the physicians in charge that the preceding operations were almost completely bloodless. Prognosis unfavorable owning to age and debility of patient. We concluded, however, that we would amputate the thigh at junction of middle and upper thirds, in order to relieve the patient of the disagreeable and offensive stump, as well as to afford him a possible chance of recovery.

Chloroform was administered and a tourniquet applied, the latter being one of Petits spiral pattern, an old affair belonging to one of the resident physicians. After transfixion of the thigh much difficulty was experienced in cutting out for anterior flap, which we found was owing to the ossification, or rather *calcification* of the arterial coats, these forming a perfect stony cylinder like a water conductor, which played havoc with the edge of the amputating knife. The excision being finally completed at this point the tourniquet tipped over on its side (owing to the obliquity of surface of the thigh, caused by emaciation) permitting a momentary hemorrhage. I quickly seized the tourniquet, restored it to an upright position, and gave the screw a turn to tighten and retain it in position when the webbing encircling the thigh, being rotten from age and exposure, suddenly parted, permitting an alarming gush of blood, which poured forth in torrents not only from the femoral, but from the *arteria profunda* as well which equaled the former in size, both having an extra ordinary calibre. I think indeed that each was nearly or quite one-half inch in diameter. I instantly seized the femoral with forceps and the profunda with thumb and finger of left hand thus staying the hemorrhage except from

other dilated arterial branches. The blood instead of flowing in jets and of a bright red like normal arterial blood was of a brownish red or dull brick color and muddy in appearance and flowed in a continuous stream owing to the inelasticity of the arterial walls. We experienced much difficulty in ligating the arteries on account of their pathological condition, but finally succeeded in securing them, and the stump was dressed *secundem artem.* The patient, recovering from the influence of chloroform, was left feeling comparatively comfortable, but extremely feeble. In a few days the soft tissues of the stump sloughed almost to the junction with the body, and came away, without hemorrhage, but leaving the upper portion of the femur projecting in the neighborhood of three inches. We now proposed a further operation for the purpose of removing the exposed bone; but the patient and family considering any further operation to be hopeless, objected to anything more being done except to smooth, as much as possible the aged sufferer's pathway to the tomb. At this junction the vital instinct of beneficent nature intervened and by means of the inscrutable processes of absorption, divided the fragment of femur well within the line of the soft tissues and, after the section of bone came away, the parts healed, and the patient recovered with a beautiful stump that would do credit to any surgeon in the land, and was well and hearty when I removed from that vicinity.

Although such "natural operations" are not uncommon in the animal kingdom, this is the first one of the kind coming under my observation in the human subject, and may, I think, in view of the *age* and *pathological condition* of the patient, be considered as almost unique.

ALSTONIA COUSTRICTA—BARK OF THE AUSTRALIAN FEVER TREE.

BY A. W. BIXBY, M. D., S. F. CAL.

THIS is a medicinal agent that has been used by the medical profession but a few years, yet it is a positive remedy of much therapeutic value. The tree, from which this agent

comes, is of large growth, resembling our forest oak, the bark being thick, heavy and tough. It is a native of Australia and derives its name, "Australian Fever Tree," from the fact that a decoction made from its bark is used by the natives and residents there in almost all kinds of fever, and with excellent results.

By an extensive use of Alstonia Coustricta during the three years past, and observing its effects, I have become as familiar with its therapeutic properties, mode of action, and curative results, as I am with those of aconite, belladonna or Brom. of Pot.: Hence, I can present the following conclusions, which are the result of observation, and deductive and indeductive logic, with confidence in their correctness:

Alstonia Coustricta possesses a versatility of application and action. In its administration we obtain the combined effects, in many respects, of quinine and nux vomica. It possesses anti-periodic properties of a high type. It is a cerebro-spinal stimulant and tonic, acts positively upon the sympathic nerve centers, thereby giving an increased impetus to all vital action and permanency of augmented vital force to the entire system. I say permanency of augmented vital force from the fact that under its influence there is a better digestion, better assimilation, and consequently a better nutrition, which gives permanency of augmentation of force.

In typhoid, puerperal, and synochoid fevers, when a nerve tonic and an antiseptic are indicated, this agent meets the demand.

When we have a patient with a depressed condition of the vital functions, complaining of impaired appetite, dull headache, rising tired, irritable and cross, at times feverish and a feeling of general aching, bad taste in the mouth, tongue pale and moist, trembling, and covered with a foul dirty coating—we give Alstonia with the best results. In such a case, Alstonia given in one or two grain doses every four hours, will soon reinvigorate the entire system. Under its influence the brain will act with more energy and accuracy; the heart propel the blood with more force, filling and warming the ex-

tremities with more blood, i.e., equalize the circulation; the eyes scintillate with augmented brilliancy; in short every atom of material in the whole system will seem to be renewed and endowed with new vitality—in fact will be.

While this agent is not a cathartic, it increases the secretions of the intestinal canal, augments peristaltic motion, and prompts defecation. Hence, when stomachic and intestinal dyspepsia exist, with constipation, Alstonia is an admirable remedy, improving digestion, slightly increasing and softening the fœces and provoking an action of the bowels.

In recent colds or coryza it is an excellent remedy. In the beginning of this annoying trouble, one to two grain doses every four hours will give prompt relief. In the treatment of rheumatism, acute or chronic, I have obtained gratifying results. In acute cases I first reduced the temperature by the use of the appropriate sedative—Aconite or Ver. Vir., as indicated—before administering the Alstonia. The conditions should be the same in acute diseases for using this remedy, as for the giving of quinine; namely, moist skin and compressible pulse.

In sexual impotency, i. e., when sexual desire and power are impaired or lacking, in male or female, Alstonia is a valuable remedy to cause restoration of power and desire.

Alstonia Coustricta may be used in powder or tincture.

Of the concentrated tinture (W. S. Merrell's; or Thorp, Lloyd & Merrell's) as a general tonic, one to three drops a dose. As an antiperiodic, five to ten drops is the dose. If the powder is used it should be the dusted powder, which is very finely pulverized. There is a coarse powder of this drug in the market that is inefficient. It may be prescribed in half to two grain doses, in powders, capsules, or in suspension in Syr. Simp., as a general stimulant and tonic. As an antiperiodic, in three to six grain doses. If the dose given is too large, or too often repeated, a severe cephalalgia will be produced, accompanied by a nervous trembling of the muscles. This muscular nervousness, doubtless, is caused by undue excitation of the motor nerves.

CASES IN SURGERY.

BY D. D. CROWLEY, OAKLAND, CAL.

Double Operation for Removal of a Schirrus Cancer.

MRS. W.—age 37—married—suffering from cancer. Saw Mrs. W. Nov., 1881. She was suffering extremely from shooting pains through her breast, was considerably emaciated, pale, and weak from long suffering and the constant discharges of a large and deep ulcer in the breast, extending to the pectoral muscle. After the usual preparations in alterative and tonic treatment, an operation was concluded upon, to be performed Nov. 22d. After chloroforming the patient, two incisions were made which included the ulcer, they commencing in a common incision at the sternum and ending in another at the posterior fold of the axilla. By a careful dissection the mammary gland and ulcer were removed, also all of the axillary glands and the lower part of the pectoralis major muscle. The hemorrhage was arrested by torsoin, even in the long thoracic and sub-scapularis arteries. Over the denuded surface a quantity of sulphate of zinc was spread, with the intention, that if any of the cancer cells remained they might be destroyed. As the parts were devoid of integument, they were treated antiseptically, layers of absorbent cotton saturated with a solution of carbolic acid were spread over the wound. The temperature and pulse were caused to remain at the normal standard by the use of sulphate of soda and veratrum. Sleep was effected by cannabis indicus and morphine. The edges of the wound were being constantly drawn towards each other by adhesive straps. The wound which at first was large enough to receive nearly the entire hand, soon filled to a common level with the integument, nearly all the granulations were healthy and everything appeared to progress, even to my most sanguine expectations.

Subsequent to the operation, over the shoulder, between the pectoralis major and deltoid muscles a slight enlargement commenced which gave rise to severe pain. After the lapse of a few days it increased in size, became of a scarlet color, consid-

erably circumscribed and sensitive to the touch. From the symptoms present, I concluded that the cancer had recommenced, and advised the patient to return to her home, regain as much strength as possible, and prepare for another operation.

Feb. 7th, at 1 P. M. gave patient one-half grain morphine. At 3 P. M., after the usual preparation of instruments, sponges, ligatures, sutures, etc., the patient was chloroformed. (The four ounce bottle of chloroform contained twenty drops of the nitrate of amyl). Made an incision from a point midway between the center of the left clavicle and the fold of the axilla to the acromion process of the scapula, also another at the acromial termination of the incision in an opposite direction. Dissecting back the flaps the pectoralis major and deltoid muscles were exposed, the former being so soft that the finger could be pushed through it. Upon making an incision, large quantities of cancer juice exuded from the wound. Removed the pectoralis major from its origin at the clavicle to its insertion, and the inferior border of the pectoralis minor, and sub-clavicular glands.

During the removal of these structures, piece by piece, the only artery of any importance that was severed, was the acromial branch of the acromial thoracic, which ceased to bleed after torsion. The flaps in the acromial region were brought together by sutures, the thoracic and axillary portion of the wound being kept open. Sulphate of zinc was extensively applied. The open wound was dressed antiseptically.

After the operation the patient suffered great pain, which was relieved by morphine. Gave sulphate of soda and veratrum to lessen the temperature. Prescribed, hydrate of chloral in seven grain doses to allay pain. Light diet, stimulants in small quantities, were the principal directions.

After the third day made the following prescription:—

℞ Quiniæ sulphatis, ℥j;
Ferri citratis, gr. xx;
Nuvis vomicæ, gr. v;
M F. Mas.;
Div. in pil. xx;
Sig.—One three times a day.

Seventh day. Patient is doing moderately well; wound looks healthy; pulse soft and full; face pale; skin moist; bowels regular.

Will report further in the next number.

Fracture of the Humerus.

Saw Mr. G., who was suffering from a fracture of the middle one-third of the humerus. The direction of the fracture was transverse, and, contrary to the usual rule in this class of fractures, there was considerable pain, displacement, and congestion. From these conditions, only temporary appliances were used.

The third day, as the arm had returned to its normal size, and the excessive hyperæsthesia had disappeared, permanent dressings were prepared and applied. A number of slips of pasteboard softened in a solution of starch were fitted to the arm, extending from the shoulder and axilla to the elbow They were separated from the arm by layers of cotton and held firmly in their place by a bandage saturated with the starch solution.

A starch bandage does not receive any firmness at first and is not reliable for at least forty-eight hours, during which time wooden splints ought to be applied externally to the starch bandage to give support to the arm while hardening of the starch goes on.

In the case of Mr. G., at the end of forty-eight hours, the support to the starch appliance was removed, leaving a well fitting, firm and light support to the arm. The arm was held to the side by a body bandage to prevent motion. The separation of the fractured fragments was prevented by supporting the elbow, a bandage passing around it and the opposite shoulder. The arm was held in a sling.

At the end of four weeks the dressings were removed, leaving a perfect union of the fractured bone.

In many cases of fractures the starch bandage can be used with success.

EDITORIALS.

DEATH FROM THE REMOVAL OF A LARGE LIPOMA.—Robert C., aged 45, entered the Medical College January 6th, as clinic. He was suffering from a large tumor covering the anterior and left side of the thorax. It extended well up under the clavicle and pressing so closely into the axilla that the arm was held some distance from the side.

His bowels were constipated, skin pale and moist, respiration hurried; debilitated; used morphine constantly, and had for months previous. Although the chances for life after the operation were but few, and he was informed of the same, he insisted on an operation, as the pain he was then suffering could not be endured.

January 9th, the patient was placed upon a table and chloroformed. Dr. Crowley, with others from the Medical College, performed the operation, making a hurried and careful incision around the capsule which enclosed the tumor. It was removed, hermorrhage arrested, and the flaps were being brought together, when the pulse died away, respiration became slower, and soon ceased. Efforts were made to resuscitate the patient but they were of no avail. He never returned to consciousness but died within an hour after the giving of chloroform.

SELECTIONS.

PROF. JOHN WILLIAM DRAPER, M. D., LL. D.

THIS eminent physiologist and chemist died January 4, at his residence in Hastings-on-Hudson, near New York City. For several months Dr. Draper had been afflicted with an obscure disease of the kidneys, complicated with rheumatism. His sickness, although not severe, had kept him from attending to his usual duties at the University of the City of New York during the present college year. He was seventy-one years old, and was of English birth, coming to America when

he was twenty-two years of age. He had prosecuted his physiological and chemical studies in London, and continued them at the University of Pennsylvania, where he received the degree of "Doctor of Medicine" in 1836.

His graduating thesis was so excellent that the Medical Faculty selected it for publication. A few weeks later, he was elected Professor of Chemistry, Natural Philosophy and Physiology in Hamden-Sidney College, Virginia. During his professorship there, he made many original experiments and investigations in physiology and chemistry. In 1839, he became Professor of Chemistry and Natural Philosophy in the University of the City of New York, and ever since he has been closely allied with all the interests of that institution. He was the senior member of the Faculty with one exception. Throughout his long scientific career, Dr. Draper seemed to prefer publishing his discoveries and investigations in the scientific journals in Europe, consequently he was as well and as favorably known in other lands as in this country.

"Dr. Draper's scientific career was remarkably fruitful in important results. In the department of spectrum analysis and of photography, his original discoveries are of especial value. He was the first to obtain a photographic picture from life, and the first to obtain a photograph of the moon. He also took phosphorescent pictures of the moon. His researches upon the spectroscope were among the earliest in time on either side of the Atlantic. He doubled the number of the ascertained fixed lines in the spectrum, found new ones at the red end, demonstrated that the fixed lines might be photographed, and brought all of these discoveries to bear on his investigations into the nature of flame and the condition of the sun's surface. He made many other important discoveries, and much of his private fortune was spent in scientific experiments. There is probably no private person in America who has expended more money in a purely scientific direction than Dr. Draper. His generosity seems to have kept pace with his science, for whatever discoveries he made —and they were very numerous,—he freely gave to the

world. He never took out a patent for any of them nor sought to make them a source of personal emolument. He took the first photographic portrait of the human face at a time when the possibility of doing so was universally denied. Had he sought to secure all the advantages from it he might have made from that source alone an enormous fortune. To-day probably more than 20,000 persons in the United States are obtaining a living through the means of that invention. Twenty years before general attention was directed to what is termed "spectrum analysis" in Europe, he had published some very important monographs in relation to it. They were, however, in advance of the times and their value has only recently been appreciated.

"Prof. Tyndall in his 'Reade Lecture,' in 1865, before the University of Cambridge, showed that the experiments of Dr. Draper were at the basis of the modern theory of the radiation of heat. Prof. Youmans, in a review of Dr. Draper's 'Thoughts on the Civil Policy of America,' mentioned that one of the most distinguished scientific gentlemen in England said to him: 'You Americans have a very remarkable man in Dr. Draper, beyond all question your first physicist. He is a most original and consummate experimenter, and I cannot but regret that he leaves the field for which he is so eminently fitted.'

"Prof. Draper was one of the first photographers in the country. Although the science of likeness-taking by the aid of chemicals has made gigantic strides in fifty years, yet the portraits of to-day are scarcely more perfect than those taken by the firm of Draper & Morse on the top of the University Building in the first year of the discovery of the art. As already stated, the Professor took the first likeness ever taken by the use of chemicals. The secret of Daguerre was made know, upon the promise by France of a pension of 6,000 francs, in August, 1839. There was no telegraphic communication in those days, and it was, therefore, some time before the 'recipe' reached America. It was a very simple process —merely the exposure of a silver plate to the vapor of iodine

and the subsequent development of the picture that was formed upon it by the action of light by means of the vapor of mercury. Putting an ordinary spectacle lens in a cigar-box, Dr. Draper began to experiment, and succeeded easily in obtaining views from the east windows of the University Chapel. From these windows Dr. Draper took many and many a picture with his cigar-box camera, until one day he determined to try the experiment of taking the human face, which it was said Daguerre had not yet succeeded in doing, being able to take inanimate objects only. In October or November, 1839, having covered his assistant's face with white powder, and taught him to sit still for a long while, Dr. Draper managed to get a likeness. That was the first ever obtained by the Daguerre process.

"In April, 1839, Prof. Morse and Dr. Draper opened a primitive gallery on the top of the University Building. Prof. Morse was, at that time, teacher of painting and the fine arts in the University, while Dr. Draper was professor of chemistry. Thus they made quite an effective firm, Prof. Morse supplying the æsthetic part, posing the sitters and the like, while Dr. Draper took the pictures. The gallery was not a very elegant one—an old room was used for a work-shop, and a hastily constructed shed, with a glass roof, served for an operating room—but, nevertheless, it was a grand success.

"During the summer vacation, the firm had all the business they could possibly attend to at $5 a picture. All the best known people of the city sat for their portraits. Among others, a very good picture was taken of Mr. Frelinghuysen, the candidate for Vice-President on the Henry Clay ticket. The main drawback to the business was in the fact that it was only on very bright, sunshiny days that they could succeed in getting anything like a satisfactory daguerreotype. On dark days, they used to teach the art to would-be photographers, who came from all parts of the country to learn it. All the earliest picture-takers were taught by Messrs. Draper & Morse. The pupils would learn as much as they thought

necessary, and then go away and start in business for themselves. From April to the fall, when Prof. Draper was obliged to resume his duties of teaching, the gallery was kept open. Prof. Morse became quite devoted to it, and opened a gallery on his own account on top of the old *Observer* Building, in Nassau Street. Here he was very successful, and kept the gallery open until the following spring (1850), when, seeing that the telegraph was destined to become a more important invention, he quit picture taking and gave all his attention to that.

"During Prof. Morse's struggles in the early days of his great invention, he confided all his troubles to his old friend, Dr. Draper, and was a frequent visitor at the latter's pleasant rooms in the University Building. Prof. Morse felt deep chagrin and bitter disappointment when, after having got the grant from Congress to lay a line from Washington to Baltimore, he buried ten miles of wire and then found it would not work. He afterward put the wires from pole to pole, as they are arranged to-day, and everything went satisfactorily. Prof. Morse thought before this was tried that the plan would never do, because small boys and malicious people would cut and destroy the wires.

"Of Dr. Draper it was said that he wrote for more people than any other living author. The works of no poet or novelist, living or dead, have been translated into so many languages as have those of this distinguished thinker. The lectures he gave as Professor of Physiology were improved from year to year, and, at length, he published them in 1856 as a 'Treatise on Human Physiology, Statistical and Dynamical.' This work at once became a text-book in many American colleges. Of this work it may be fairly affirmed that it contained more new discoveries and explanations than any other similar work. It showed that its author belonged to the party of progress in science. Among the new experiments and explorations on physiological subjects contained in that book, may be mentioned the condensing action of membranes, cause of coagulation of the blood, theory of the circu-

lation of the blood, explanation of the flow of the sap, endosmosis, respiration of fishes, action of the organic muscle fibers of the lungs, allotropism of living systems, new observations on the action of the skin, functions of nerve vesicles and their electrical analogies, functions of the sympathetic nerves; explanations of certain parts of the auditory apparatus, particularly of the cochlea and semi-circular canals; the theory of muscular contraction. The work has passed through a great many editions, and was translated into several foreign languages."

YELLOW FEVER IN THE UNITED STATES DURING THE PAST YEAR.

IN the annual report of the National Board of Health, just published, it is stated that the only locality in the United States in which a case of yellow fever has occurred on shore during the summer is said to have been at Key West. The report gones on to say that "the station at Ship Island and other similar stations which the board intended to establish, may justly be characterized as 'adequate safeguards' against the introduction of infections diseases into any of the ports of entry which will co-operate with the National Board of Health in its efforts to secure such a result, seems to be sufficiently attested by the experience of this summer. Four yellow fever ships have been received and treated at Ship Island during the summer, the same having been sent thither by the quarantine authorities of Pensacola, Mobile, and Pascagoula. No death has occurred among the cases received in hospital, and no case of fever has occurred upon either of the vessels after they were released, or in any port where they have subsequently touched."

GRINDELIA ROBUSTA IN DIFFICULT BREATHING, DEPENDENT ON VALVULAR LESION.

WE have employed it successfully in a case of difficult breathing, dependent on valvular lesion where other remedies had entirely failed of giving relief. It was in the person of an old lady, aged sixty. She had been under treatment with

another physician, at the place she was visiting, for some six weeks, but with no apparent benefit. Nightly, at about 2 A. M. there was a return of the asthmatic spasm, and longer sleep was impossible. Indeed, for the last two weeks, previous to my seeing her, she had not assayed to lie down at all; but got her rest in a sitting posture in the bed.

For a day or two we had her upon the usual remedies for such cases, but with no success. We then combined digitalis with the grindelia fluid extract, and the third night, with the help of a five-grain Dover's powder, a full night's rest was secured. The remedy was continued in drachm doses three times daily, with the twenty-drop doses of tr. digitalis for some two weeks, since which time (now some three months), she has been as comfortable as one could reasonably expect.

Case II, was in the person of a shoemaker above middle age, who had asthma and chronic bronchitis. He was tired of paying doctors' bills, so we took him as a "trial case." The grindelia proved a complete success. He has had no paroxysm since the third day after its use. He now keeps a bottle by him, and, at my advice, on any sudden change of weather, takes a half-drachm dose of the fluid extract three times a day, for a day or two, as a sort of prophylactic. Whether the remedy *does* act as a prophylactic we cannot really say, for possible he might not have a return of the attack were he to discontinue its use. We have asked him to make the trial, but he does not care to make the risk.

Case III. Was a carpenter, aged 35, not over-well nourished. Was subject to daily and nightly attacks that would continue for hours unless amylnitrite was used. No amount of nausea, or reasonable amount of belladonna, or chloroform, would relax the bronchial tubes. He took grindelia for a day or two, and then discontinued its use. It gave him no benefit. Possibly if persisted in, it might have benefited him. His only permanent relief seemed to be in a warm latitude, as gathered from former experience, so he went south. I have not since heard from him.—*New Preparations.*

GRINDELIA ROBUSTA.

DR. W. HOPE DAYIS, in *The Eclectic Medical Journal* writes as follows: Grindelia robusta is the last of the "new remedies" I shall have time to mention on this occasion; and I hope that enough have not been introduced to make you weary. The flower heads of the plant contain the essential part of the medicine, though the shrub contains a large amount of balsamic resin, which is medicinal. This balsam embraces an oil which gives off the characteristic odor. Alcohol readily takes up the medicinial principle of the herb; and the tincture is prescribed in from ten to thirty-drop doses. It proves to be a demulcent, relieving irritated and excoriated surfaces; it is said to antidote the bite of venomous insects and reptiles; and it will cure specific urethritis and vaginitis. It allays urethral excitement, and is therefore valuable in gonorrhœa; it also soothes mucus surfaces. It has been employed successfully in conjunctivitis, and purulent ophthalmia. I have used grindelia upon chronic ulcers with the happiest effects. I do not think any other remedy will so readily and certainly promote reparative action in indolent ulcers on any part of the body, as this. I intend to experiment largely with this remedy, and trust that others will do the same thing. The agent thus far promises well.

Grindelia robusta has lately been introduced to the medical profession from California. It is a herbaceous plant, perennial, natural order Compositæ. It is a slender, smooth plant, from one to two feet high, with a few short branches near the top. The leaves are oblong spathulate, alternate, sessile, and remotely toothed. Each plant has from one to four globular radiate heads. The involucre consists of numerous radiate heads. The involucre consists of numerous imbricated scales, covered with a balsamic resin. The ray flowers are zanthic. The old dried plant is nearly inert, hence the fluid extract of the fresh herb should be used. The flower-heads abound in a balsamic resin, in which its medical virtues reside.

THE RESOLUTION OF NEOPLASTIC TUMORS.

DR. GHERARDO FERRARI, relating the history of a myxomatous lipoma of the neck. operated upon by him, stated that the irritant action of vesicants, tincture of iodine, etc., erroneously prescribed as resolvents in the early stages of neoplastic tumors, served to increase the activity of cellular proliferation and new formation of vessels, in such a manner as to cause a more rapid development of the tumor. Even medicine is too much the slave of fashion ; iodine, at present almost regarded as a universal panacea, is employed in innumerable morbid conditions, sometimes doing good, sometimes working absolute mischief. The effects of iodine are very different, according as it is given in large or small doses, or for long or short periods of time. Iodine acts as a solvent, favors metamorphosis, and accelerates the consumption and elimination of those materials which, in normal and pathological tissues, represent a *caput mortuum*. In small doses it increases the secretion of the peptic and intestinal glands; in large doses, however, it favors a decrease of bodily weight, reduces hyperplasia and chronic glandular hypertrophy, and causes atrophy of the mammæ, the ovaries, the testicles, and (according to Cantani) the thyroid gland.—*Lo Sperimentale and Recog. Med.*, July, 1881.

RHUS AROMATICA.

I HAVE tested fluid extract rhus aromatica in the following cases:—

J. S., æt. 15, has been troubled with diabetes insipidus about six months. Had tried several physicians and various remedies without relief. He finally applied to me and I put him on the following:—

℞. Fluid ex. rhus arom., ʒj.
Glycerine, ʒss.
Water ad ʒiv.
M. Sig. One teaspoonful four times per day.

Reported improvement after second day, and believed him-

self cured. It is now two weeks since he took the last of the prescription, and reports himself well and gaining in flesh.

C. A., æt. 61, has been troubled with frequent discharges of urine during the day and from three to five times during the night—quantity large—for several years, though at times worse than others. Had used a number of prescriptions with only temporary benefit. Gave him the above prescription in the morning and he reported that he had to get up but once during the first night and not at all afterwards. . He took two prescriptions and reports himself entirely well.

J. K., æt. 18. This young man has been wetting the bed, nightly, so his mother says, since childhood. Had taken much medicine from many physicians, but without benefit. Prescribed as above, and after second night he was all right. the medicine was ordered to be given three times a day, last dose at bed time, until improvement took place, then only at bed time. Heard from him a few days ago (prescription was given him August 11th) and he remains well, having used but the single four-ounce bottle of the medicine.

M. K., æt. 8, sister of the above, had incontinence of urine five years or more and gave her mother a great deal of trouble Gave same prescription in one-fourth teaspoonful doses, and two onces cured her, so her mother reports.

In the last two cases I ordered generous diet, with little fluid drink after dinner, and advised that the patients void urine, if possible, just before retiring.—*James Cooper, M. D., in New Preparations.*

DR. T. LAUDER BRUNTON, editor of *The Practitioner*, has ventured into popular literature and written a work, entitled "The Bible and Science." It is published by Macmillan and has received very commendatory notices.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO is the name of the new medical college organized at Chicago. The incorporators are Dr. A. Reeves Jackson, Dr. C. Warrington Earl, and Dr. A. K. Steele.

Ovariotomy During Pregnancy.

WHAT shall be done with a simple ovarian cyst, or a compound ovarian tumor, solid and fluid, coexisting with pregnancy, is discussed by Dr. Wilson (Medical Record December 24, 1881) in a paper reprinted from the fifth volume of the "Gynæcological Transactions," 1881. In the case of entirely cystic ovarian tumors, and of compound tumors whose adhesions are not extensive and firm, and where the fluid largely predominates, he advises removal in preference to tapping. In tumors, either solid, semi-solid, or both, and so large as to impede the growth of the uterus, he prefers ovariotomy to the induction of premature labor. The important element in prognosis in cases of ovarian tumor coexistent with pregnancy is the extent of adhesions to adjacent parts, not whether the tumor is solid or fluid. Dr. Wilson holds that where pregnancy supervenes on an ovarian tumor so large as to endanger the life of the mother before she can reach term, it is better to perform ovariotomy within the first three or four months after conception, than to tap or use other temporizing means in the effort to bring her to term. Each tapping, he claims, is followed by new and stronger adhesions to neighboring organs, and each adhesion adds to the dangers of a subsequent ovariotomy. Ovariotomy during pregnancy has given excellent results for both mother and child (deaths, five women and nine children; saved, twenty-four women and twenty children). Dr. Wilson believes that with modern operative improvements, deaths of mothers might have been reduced to three. Statistics show that ovariotomy in pregnant women, previous to the sixth month, is more successful for the mother, and vastly more successful for the child, than the same operation at a later period of pregnancy.

ADDISON'S DISEASE WITHOUT BRONZED SKIN.—Dr. Bedford Jenwick (British Medical Journal, December 24, 1881,) reports a case in which the diagnosis of Addison's disease was made from the general symptoms; no bronzing of the skin existing. On the autopsy the characteristic changes of the supra-renal capsules were found.

Uterine Anteflexion and Dysmenorrhœa.

DR. HERMAN (Medical Record, December 24, 1881,) comes to the following conclusion on this subject: First: There is no anatomical evidence that anteflexion causes any hindrance to the escape of menstrual fluid. Second: There is reason to think that anteflexion is present in nearly half of all women who have not borne children. Third: Therefore it is to be expected that anteflexion and dysmenorrhœa would frequently coincide. Fourth: Dysmenorrhœa is, practically, as common when the uterus is straight as when it is anteflexed. Fifth Painless menstruation is, practically, as common when the uterus is anteflexed as when it is not. Sixth: When dysmenorrhœa and flexion go together, the severity of the pain bears no relation to the degree of the bending. Seventh: Dysmenorrhœa, associated with anteflexion, is frequently cured without straightening the uterus. Eighth: There is no evidence that straightening the uterus invariably, or even frequently, removes dysmenorrhœa which is associated with anteflexion, and in which other methods of cure have been ineffectual. Ninth: These facts show that the relation between anteflexion and dysmenorrhœa is not one of cause and effect, but of coincidence. It cannot logically be claimed that the absolute statement made in the ninth conclusion follows from the others.

Notes of Treatment from the Clinics. Aphthous Sore Mouth of Infants.

PROF. WALLACE states that the sodium sulphite solution is the best remedy for aphthous sore mouth in infants. *R.*—Sodii Sulphit. gr. xxx; Glycerini; Aquæ, āā ʒ ss. M. To be used on a swab every two hours. Where the child is using a nursing bottle, scrupulous cleanliness is required. The rubber nipple should be turned inside out after each time of using, washed clean and placed in a solution of bicarbonate of sodium (baking soda), in a tumbler, until again needed. It is better to have two, and use them alternately. Milk must never be allowed to stand in the nursing bottle until it becomes sour. —*Exchange.*

THE ANNUS MEDICUS 1881.

THE year which has just closed will stand out prominent in the history of medicine as a year both of startling occurrences and substantial progress. Many of the memorable occurrences of the year have had a peculiar interest for medical men while the results of close study and scientific research have been unusually numerous.

The great event of the year has, of course, been the seventh meeting of the International Medical Congress in London from the 2d to the 9th of August. In point of the number and merited prominence of its members and the effectiveness of its organization no meeting of medical men, in recorded history, equals it. We have given our readers much of the proceedings and in our limited space succeeded in giving the gist of its more important doings.

Our space prevents more than briefest review of the advances of the year. In physiology the observations of Ueffelman stand conspicuous, their effect being to disturb some of the existing views regarding the nature of the gastric juice. From the application of tests on a patient on whom gastrotomy had been performed he found that no hydrochloric acid is secreted during the earlier stages of digestion. The acid first appearing is lactic acid, even when the conversion of albumen into peptone and starch into dextrin and sugar was distinctly taking place.—According to the observations of Cash, in Ludwig's laboratory, also, it appears that, contrary to what has heretofore been held, fats may split up in the stomach into the fatty acids and glycerine, whilst an acid (probably lactic) is formed. He also noticed that in dogs the reaction of the small intestine from the pylorus to the ileocæcal valve, is acid, and that in no instance was an emulsion observed. These views, so different from those heretofore entertained will doubtless be abundantly tested during the present year.

In pathology the researches into bacteria have been extensive and important. The most important investigations of he year, says the *Lancet*, are unquestionably those which

relate to bacterial pathology, and in these France, as in previous years, has led the way, by the practical character and extensive scale of the researches which have been inspired by the genius of Pasteur. The discovery of the wide range of diseases to which the method of prophylactic inoculation is applicable constitutes a brilliant and practical result of researches which appeared purely theoretical, and to this the experiments during the past year of Pasteur, Toussaint, and of Cornevin, Arloing, and Thomas have mainly contributed. More strictly pathological in their nature are the additional facts which, in this department, have been ascertained by other investigators. Previous observations on the relation of typhoid fever to a special organism have been corroborated and carried further by Klebs, who has traced in a very thorough manner the part probably played by the organism in the production of the various pathological changes which occur in the disease. The observations are of especial interest in connection with the discovery by Branlecht in drinking-water, during an epidemic of typhoid fever, of a similar organism, which appears capable of producing in rabbits a disease having some of the same pathological characteristics. Not less remarkable are the observations of Laveran, which connect malarial fevers with an organism of considerable complexity, influenced by the specific therapeutic agents in a manner that affords an explanation of their effect on the disease, more complete perhaps than has been given of the mechanism of the treatment of any other acute malady. In diphtheria, the organisms which have been found, not only in the throat, but in the blood, urine, and kidneys, are apparently proved to be the morbific agents in its production, since the experiments of Gaucher and Talamon show that even after cultivation of the bacteria the disease may be reproduced by their inoculation. The investigations into the minute pathology of leprosy by Cornil, and especially by Neisser, throw new light on the hitherto mysterious nature of this affection; for not only do they prove its dependence on special bacterial organisms, but the conditions of the

growth of these explain, in some degree, the character and anatomical distribution of the strange lesions by which the disease is manifested; and the results obtained by inoculation are, if not entirely satisfactory, at least suggestive. This discovery is the more important as including a chronic disease in the domain of bacterial physiology, and affording the promise that similar results may be hoped for from the study, in the same way, of some other chronic disease. Aufrecht has described a specific micrococcus as the infective and pathogenic agent of syphilis, although his discovery has not yet been confirmed.

The year has been remarkably active in the matter of surgery, and in boldness, and even temerity, surgeons have seemed to vie with each other. In Europe, Billroth, on the 29th of January, removed the pyloric portion of the stomach on account of cancerous disease in a woman, who recovered and lived an active life for some weeks, but died on May 23d, from a return of the cancer. In four subsequent operations of the same nature the operation was speedily fatal, and the high hopes generated by the first case have been blighted. More recently Billroth has modified his operation, changing it into gastro-enterostomy, the name signifying that the stomach is not interfered with but that a mouth is made into the intestine. A single operation of this nature is reported as successful.—In this country Dr. McGraw, of this city, undertook the removal of an enlarged spleen, the operation, however proving very immediately fatal from hemorrhage. The operator, contrary to the example set by Billroth, has not given to the profession the details of his operation, thus rendering it practically useless in its effects on future splenotomies. Dr. McEwen reported to the Royal Society a case of the successful transplantation of bone in a child three years old, by which, after necrosis of the right humerus, the arm was restored to usefulness. Mr. Spencer Wells performed for the first time, successfully, an operation for the removal of a gravid uterus, for cancer of the neck. The operation known as sponge-grafting has been described in these columns and

its possibilities and practical applications indicated. Listerism, distinctively so-called, has been severely unsettled in its hold on the surgical mind, its author himself having practically renounced the carbolic spray, and the indications are that this cumbrous appliance, heretofore considered indispensable, will soon have been relegated to the museum of ancient curiosities. But although the spray is dying out the great fact in which it had its birth, to wit, the influence of bacteria on wounds, remains unshaken. The change which is imminent is rather in the method of guarding against the evil-caused by bacteria than in abandoning the theory of their influence. The carbolic spray has been found objectionable as a means to an end, and other means will shortly be forthcoming to take its place. The melancholy case of President Garfield has called attention to the necessity of a further study of the treatment of gun-shot wounds, and particularly to the necessity for greater precision in diagnosing the course and locality of the missile. Nerve-stretching in the treatment of neuralgia has received an impetus, while the operation for the removal of Meckel's ganglion, with successful result, for the cure of tic douloureux, by Dr. J. B. Book, of this city, stands prominent among the operations in this department of surgery during the past year.

Therapeutics.—Among the subjects coming under the head of an annual retrospect there is none which more generally interests the practitioner of medicine than this. While the past year has nothing very brilliant to record in this line the improvement has still been marked and the following summary by the *Medical Times and Gazette* will be read with interest and profit:—

When we regard the character of the work that has recently been done in pharmacology, we are struck with the parallelism between the lines which advance has followed, and is following in this subject, and the direction of progress in the allied subjects of pathology, hygiene, and practical surgery. Just as the germ theory of disease is dominant in these three departments of our profession, so is the endeavor

amongst therapeutists to put to the test every possible kind of antiseptic, apyretic, and disinfectant substance, and to search in the boundless fields of the higher organic chemical compounds for new drugs. Whilst some surgeons of eminence declare that they have abandoned the Listerian system of antiseptic operation and dressing, either in whole or in part, various modifications of the old method have been introduced in England and abroad. Evidence, both of a theoretical and a clinical kind, has been adduced against the necessity of the spray during operation. The number of new antiseptics that have been suggested is large. Professor Lister himself, as well as others, has drawn attention to certain advantages which the oil of the eucalyptus possesses over carbolic acid. Salicylated camphor has been used in France as a powerful antiseptic and stimulant to foul syphilitic and cancerous sores. Iodoform appears to be steadily gaining in reputation as a surgical dressing; and the quantities of the substance which are sometimes dusted on the surface of wounds, or applied otherwise to diseased parts, are little short of alarming. In the hands of dermatologists, iodoform also continues to give favorable results; and as its unpleasant and very persistent odor can, in a measure, be covered by the tonquin-bean, by tar, or by musk, we may expect to find it come into still more extensive use. Thymol continues to be highly praised by some authorities; and boracic acid by others. Resorcin has probably received more attention during the year, both from chemist and the practical physician and surgeon, than any of the other substances just mentioned. Its chemical relations appear to be now thoroughly understood, and it would seem to be a valuable, but expensive antiseptic. Quite recently, naphthaline has been recommended in Germany, both as an efficient, and as a remarkably cheap antiseptic substance.

The treatment of phthisis by constant inhalation of antiseptics in a "respirator," has been extensively employed during the year; and various refinements in the method of application, and in the antiseptic material have been introduced.

The combination in most favor at present appears to be that of Dr. Sinclair Coghill, consisting of ethereal tincture of iodine, creasote or thymol, and rectified spirits; ether or chloroform being added if cough be severe.

Various recommendations have been offered of acids or salts which may acidify the urine in chronic cystitis with ammoniacal and bacterial development. Among these we may quote lactic acid in doses of fifteen to thirty grains in water three times a day, benzoic acid, and biborate of soda. The salicylates and other antiseptics continue to be used as vesical injections for the same purpose.

As usual, the name is legion of the new cures for whooping-cough, trial being made especially of the various antiseptics, including salicylic and carbolic acids, which might be supposed to arrest the activity of the hypothetical organism on which pertussis is believed by some authority to depend. On the whole it cannot be said that trustworthy evidence signalizes any of these substances as specially valuable in the disorder.

The intimate pathology of infectious diseases introduces us to another and very different kind of treatment. Probably the most remarkable, and certainly the most important step that has been made by general therapeutics during the year is the vaccination charboneuse of Professor Pasteur. As applied to the lower animals, the method of inoculation with the artificially attenuated virus of anthrax promises to be worthy of comparison with vaccination in man; and both directly as preventing the spread of this deadly disease to the human subject, and indirectly as suggesting further investigations in the same direction, this discovery must be regarded as a great boon to the human race. Vaccination from the calf has been most extensively employed in London during the recent epidemic in small-pox. This system, which we have persistently recommended to the profession for years, has given such satisfactory results that it promises in a great measure to take the place of arm-to-arm vaccination, to which there are certain reasonable objections. The hope that was once

raised, that the germ of the hydrophobic poison had been isolated, and that so far an advance had been made towards a possible prophylaxis of rabies, as of anthrax, in animals—that is, the diminution or disappearance of the risk of hydrophobia in man—has been unfortunately, but, we trust, temporarily only, disappointed.

Diphtheria has been treated, with various results, by salicylic acid in strong solution applied locally, and benzoate of soda internally; by chlorate of potash; and by lactic acid. Various other "solvents" have been tried locally, such as pepsin and papayotin; the latter, perhaps, prepared from the juice of the *Carica papaya*, being constantly kept in contact with the diseased surface by irrigation or by brush. But of all remedies for diphtheria, most has been written during the year about pilocarpin, which was greatly extolled by Guttmann as having cured all his cases. Very unfortunately, the latest accounts on the same subject from Germany are to the effect that of a series of cases of the disease treated by pilocarpin, all died! The simple solution of the false membrane in diphtheria is surely but a small part of the proper treatment of the disease. American physicians appear to have arrived at the same conclusion.—*Michigan Med. News.*

VACCINATION AND VACCINIZATION.

The alarming prevalence of small-pox through certain sections of the country, notwithstanding the very general vaccination which has been practiced during the past few years, will have the effect of stimulating inquiry into the protective influence of the operation as it is ordinarily performed. It is only those who, having declared against the power of vaccinia to protect against variola, and are casting about for arguments to support their position, who will seize upon the existence of the present endemic in the Northwestern States as a prop with which to sustain themselves. Such argument, is, however, that of the special pleader, and ill befits the earnest searcher after truth. The fact that a vaccinated person in a given case is seized with small-pox, is not a legitimate argu-

ment against vaccination, in the proper meaning of the term. There are many reasons why the operation may have proven a failure: The virus may not have been of proper quality, and although it may have caused a local sore, that sore may not have had the characteristic of the vaccinia pustule. This, we believe, is a not uncommon occurrence. The effects of vaccinia may have disappeared from the system; they evidently do pass from the systems of some sooner than from others, as attested by the results of revaccination. Perhaps humanized virus, which has passed through many systems, has been employed, and, the views of Jenner to the contrary notwithstanding, it seems to be no longer doubtful that humanized virus undergoes deterioration in its passage through the system, and is not as safe a protective as that which has been taken directly from the heifer.

But all of the above conditions may be observed, and precautions taken, and still the vaccinated person not be proof against small-pox. A recent German writer has submitted a plausible suggestion as to the cause of the incomplete immunity in such cases. The person, he says, although vaccinated, is not "vaccinized"—the latter term being that by which he designates such a charging of the system with vaccina as to overcome the susceptibility to variola. A series of carefully conducted experiments has convinced him that a not inconsiderable proportion of those vaccinated are not vaccinized. He now recommends, and in cases where he has authority, compels successive vaccinations until the susceptibility to the virus has completely disappeared, as indicated by absence of the slightest trace of the essential characters of the vaccine pustules at the point of application. He has found that in some sores more or less characteristic may be produced until the third vaccination, and holds that as long as such a sore is possible, the person is susceptible to small-pox. These observations are pregnant with suggestion, and perhaps we have in them the removal of the weighty argument against vaccination, which exists in the fact that vaccinated persons not infrequentiy die of variola, the vaccination not having vaccinized.—*Michigan Medical News.*

Syphilis from Skin Grafting.

DR. FEREOL (British Medical Journal, December 17, 1881,) reported the following interesting case at a late meeting of the Societe Medicale des Hopitaux, of Paris. A man was attacked by gangrenous erysipelas of the upper third of the left thigh, from which resulted a large, obstinate ulcerating surface. Forty-five grafts, taken from five different persons, were applied to the ulcer, of which thirty-three adhered. Eleven days after this, twenty-eight grafts, taken from the buccal mucous membrane of a rabbit, were applied, but all failed. Six days subsequent to this latter grafting, forty grafts, supplied by seven persons, were placed on the internal portion of the ulcerated surface. Thirty of these were successful, and cicatrization was rapidly proceeding, when, in the course of two weeks, a greyish ulcer, followed by several similar ulcers, involved the site of the first grafting. Ten weeks after the first series of grafts had been applied, a copious roseolar rash appeared, and was soon followed by crusts on the hairy scalp and mucous patches in the mouth. The son of the patient, who had furnished some of the first series of grafts, consulted the physician for mucous patches around the anus. This son had had a chancre, eighteen months previously to furnishing the grafts, which had not been treated. This case strongly illustrates a possible danger to be guarded against in skin grafting.

DOUBLE FEMORAL ARTERY.—Dr. Howard A. Kelley (Medical News, January 7, 1882,) has observed three cases of double femoral artery, in which the femoral divided into two trunks below the origin of the profunda to reunite above the Hunterian canal. One case like that of Mr. Bell (Anderson's Quarterly Journal, 1826,) was the subject of ligation, and to this peculiarity the man owed his loss of life. Another case was in the leg of a white man, dissected by Dr. Griffith, at the University of Pennsylvania. The third occurred in the leg of a white woman, in the Jefferson College dissecting-rooms.

Cold in Typhoid Fever.

DR. AUSTIN FLINT (Medical News, January 7, 1882,) comes to the following conclusions respecting the use of cold in typhoid fever: First: That by the use of cold water externally in typhoid fever the temperature may, after a variable time of employment, be reduced to 102 deg. or lower. Second: After a period varying very much in different cases, and at different times in the same case, the temperature, as a rule, again rises as high or higher than before the reduction. Third: Repeating the employment of cold as often as the axillary temperature exceeds 103 deg., the number of repetitions required in different cases is extremely variable. Fourth: The sponge bath and the wet sheet with sprinkling may be employed to the exclusion of the bath-tub in the antipyretic treatment of cases of typhoid fever as well as of other febrile diseases. Fifth: These modes of employing cold water may be continued sufficiently long for the reduction of temperature to 102 deg. or lower, and repeated as often as may be required, without risk of any immediate injury, and there are no grounds for supposing that the liability to complications or accidents is thereby increased. Sixth: Reduction of temperature by these methods as often as it rises, in the axilla, above 103 deg., improves the condition of the patient. While there is nothing that can be called entirely original in these conclusions, there is much that corroborates the results of other observers, notably Liebermeister.

ANURIA OF SEVENTEEN DAYS STANDING.—Dr. Charles A. Bryce (Southern Clinic, December, 1881,) reports a case of anuria which, according to the patient, was of seventeen days' duration. A pint, and no more, of strongly ammoniacal urine was drawn off by catheter. Dr. Bryce believes his patient's story. This patient, however, was a negro, and negroes, like hysterical women, have a great tendency to exaggerate the importance of any disease by which they may be attacked, so it must be obvious that there are a great many elements of error in the present case.

CURIOUS MALFORMATION.—Dr. S. Kovreg, Szamosugvrar, Hungary (British Medical Journal, December 17, 1881), reports the case of a still-born child, which had, commencing at a point corresponding to the center of the normal forehead, two completely developed faces, four eyes, two mouths and two noses. Posteriorly, there was an ear on each side, and at the point of fusion of the faces anteriorly, a third ear not entirely developed, existed.

On the New Remedy for Baldness.

I HAVE noticed an article in the *Gazette* entitled "New Remedy for Baldness," which advises the removing of the scalp bit by bit and substituting pieces of healthy scalp by skin grafting taken from the heads of young persons. Now I have had considerable experience in skin grafting but I have always found that the skin that grew from the graft was entirely destitute of hair follicles, and further that grafts from the old grew as well as those from the young, and I have taken them from subjects from one year to eighty. I would like to hear from some one that had been successful in grafting hair. According to my experience your baldhead would be everlastingly bald, but the once smooth and shiny pate would look like a checker-board, hope and beauty forever gone. The M. D. who should made the attempt would be deemed to a professional death, and the poor bald head would go down to his grave not only bald but full of remorse and sorrow.

GEO. I. ROSS, M. D.

Centerbury, Conn.

BUCCAL HEMORRHAGE IN SCARLATINA.—Dr. Charles H. Cottle, Nottingham, England (British Medical Journal, December 3, 1881), reports a case of death apparently from buccal hemorrhage coming on during an attack of scarlatina. There were no glandular swellings. Death was, as Dr. Cottle suggests, probably due to ulceration of the throat, and it suggests caution in the usual practice of swabbing the throat with strong styptics and antiseptics in case of scarlatina angina.

MISCELLANEÆ.

OPIUM in large doses has been found in the milk.

THYMOL OINTMENT in tinea capitis is very highly recommended.

CASTOR OIL given to mothers produces a purgative effect on nursling.—*Med Times.*

IODIDE OF POTASSIUM taken by a nursing mother, traces of it were found in the urine of the child.

SULPHUR, turpentine, valerian, dill, and copaiba have all been detected in the milk.—*Med. Times.*

DEATHS FROM ETHER.—Two deaths are reported as caused by the administration of ether.—*Cin. Lan and Clinic.*

CANCER.—Dr. Lutori gives eucalyptus locally and internally for cancer, with good success.—*Southern Medical Record.*

ENURESIS.—British authors state that a permanent cure may be obtained in children, by refraining from meat.—*Med. & Surg. Reporter.*

MEXICO.—The university there requires a five years' course of nine months' each, after having had a college education, before receiving the title of M. D. [Good for Mexico.—Ed.]

CHRONIC NOSE BLEEDING.—Monsel's subsulphate of iron in one drop doses, taken once a day in water, has been used with perfect success.—*Druggists' Circular.*

WASH TO PREVENT FALLING OF THE HAIR.—℞. Liquid ammonia; essence bitter almonds, āā ℥ vj; tr. rosemary, ℥ jx; essence mace, ℥ iij; aqua rosæ, ʒ v. M.—*La Escuela de Medecina.*

PHTHISIS ANTISEPTIC INHALATIONS.—℞. Tr. iodi ether; Ac. carbolici, āā ℥ ij; creosoti (or thymoli,) ℥ j; alcoholis, ad ʒj. M. When the cough is urgent chloroform or ether may be added at discretion.—*Med. and Surg. Reporter.*

Chloroform is the favorite anæsthetic in Great Britain and is supposed to prove fatal once in about 3,000 cases. The results from ether are probably not more favorable.

THE VERY LATEST.—There is a factory in Germany that now changes your old clothes into sugar and pepper. An Englishman is the inventor.—*Cin. Lancet and Clinic.*

CODEIA IN DYSMENORRHŒA.—After Dr. Aran comes Dr. Oliver, and then the editor of *Med. Summary*, Dr. Andrews, giving their testimony in favor of codeia. Let us hear from some more of the brethren.

ETIOLOGY OF CROUPOUS PNEUMONIA,—Dr. Sanders regards acute lobar pneumonia as an acute infectious disease, and may be classed among the miasmatic contagious group. The poison is taken by inhalation.—*Med. Surg. Rep.*

CHIAN TURPENTINE.—Prof John Cary's formula for carcinoma: ℞. Chian turpentine, ℥ij; æth. sulp.; syr. simp., āā ℥j; mucil. gum acacia ℥jv; sublim. sulph., ℈ij; aq. dist., 0j. M. S. one fluid ounce three times a day.

SCROTAL TUMOR.—J. B. Stinson, M. D., *Gaillord's Med., Jour.*, states he visited an Indian who had a scrotal tumor, which measured 18½ inches around the pubic attachment. 45½ inches around the largest part, and 22 inches in length Its supposed weight was 60 to 80 pounds.

CEMENT FOR TIN AND GLASS.—℞. Caustic soda, ℥j; water. ℥v; resin, ℥iij; plaster Paris. q. s. Ft. Sol. of soda in water and boil with resin till dissolved, then add half its weight of plaster and apply immediately. Will cement perfectly between glass and metal.—*Druggists' Circular.*

CASTRATION FOR HYSTERIA.—A girl aged 23 years, was presented to the Berlin Med. Society (*Berlin Clin. Wochenschrift*) by Israel, as an illustration of a cure of a grave case of hysteria by Battey's operation. With ample antiseptic precautions, castration, imaginary, was performed with complete relief. Only a slight external wound was made.

IODOFORM.—Dr. Sheen, in the *Practitioner*, writes that he finds all chancres best treated with iodoform sprinkled on the sores and covered with lint. This induces healthy action and rapid healing. Dr. Moleschott recommends it for glandular swellings and neuralgia—using it in ointment, one part to fifteen.

CRIMINAL ABORTION.—At the recent State Sanitary Convention, at Battle Creek, Dr. Ed. Cox of that town, stated (*Detroit Post and Tribune*), that 34 out of every hundred conceptions, end in criminal abortion, and nearly one-third of these cases result in the death of the mother, or in a broken down constitution. [See advertisements in semi-religious and religious (?) papers.—ED.]

ALBUMEN IN URINE.—Rodecker, *Arch. Pharm.*, proposes the following test for albumen in urine, which is said to be very delicate. Add a slight excess of acetic acid, then a few drops of solution of ferrocyanide of potassium, and warm. Turbidity is at once produced if albumen be present in the smallest quantities. A flacculent precipitate forms in a short time.

PERFUMED IODOFORM.—Shake tincture of iodine with a fragment of potassa fusa until it is free from color, then perfume by the addition of cologne.

From chloroform	101	or $78\frac{38}{129}$	per cent.
" ether	11	" $8\frac{68}{129}$	"
" chlor. and ether	7	" $5\frac{55}{129}$	"
" methylene	10	" $7\frac{97}{129}$	"
Total	129		

SYPHILIS IN JAPAN.—Dr. Eldridge, of Japan (*Pac. Med. & Surg. Jour.*), declares that Syphilis contracted by those of European blood from the Japanese is, *cæteris paribus*, no more virtulent than when contracted elsewhere, say in London, New York, or Paris. It exhibits no difference as to sequence or nature of symptoms, and yields quite as readily to proper treatment.

GROWTH AND WEIGHT OF CHILDREN.—Dr. Boulton believes that when a child varies more than a quarter of an inch annually, or when the increase of weight does not correspond with the weight within a margin of safety put at seven pounds, then it is safe to conclude the child's diet is not good, or possibly some disease is lurking in the system. The loss of weight always precedes the development of consumption.—*Druggists' Circular.*

DR. RHONE of Zurich, (*Virginia Medical Monthly*, makes the following conclusions in regard to *coto:* 1st. It is the most active antidiarrhœal remedy. 2d. In children a *narcotic effect is entirely excluded.* 3d. It is valuable in hyperhydrosis. 4th. It is well borne, and acts as a stomachic in some cases. 5th. In mild and moderately severe typhus fever, the disease is influenced so far that the bowel affection is controlled, the course and duration of the disease checked and shortened, and the character of the affection moderated,

SULPHUROUS ACID IN DIPHTHERIA.—Dr. H. P. Yeomans, Mount Forest, Ontario, (Canada Lancet, December 1, 1881,) claims that he has had very good results from the use of sulphurous acid in the treatment of diphtheria. He uses a mixture of equal parts of sulphurous acid and glycerine, of which he gives ten to twenty drops every hour. The volatility of the acid enables it to penetrate the nasal passages readily.

DIGITALIS AND QUININE AS ANTIPYRETICS.—The association of digitalis and quinine may be indicated under a great variety of circumstances, and it gives very good results as an antipyretic in phthisis with circulatory erethism, in certain cases of rheumatism, and in typhoid fever. Dr. Huchard (Journal de Medecine et de Chirurgie, December, 1881) claims very good results in such conditions from the following combination of quinine and digitalis: Quinine sulphate, ten parts; powdered extract of digitalis, one part. The dose should be varied according to the circumstances of particular cases.

COMPLICATIONS OF VARIOLA.—Dr. Leudet (*Archives Generales de Medecine*, June, 1881,) comes to the following conclusions respecting convalescence from variola, which in the light of the present epidemic seem worthy of considerations. First: Variola may present during convalescence the complications observable in other analogous diseases, typhoid, measles, scarlatina, etc. Second: These complications are usually dropsy, with or without albuminuria, neuroses, forgetfulness of speech, peripheral neutetis, parotitis, gangrene of the mouth, etc. Third: These diseases are found most frequently during epidemics, the general nature of which is adynamic.

HEROISM OF A PHYSICIAN.—Queen Victoria has signified her intention of conferring the Victoria cross upon Dr. E. B. Hartley, who displayed conspicuous gallantry in attending the wounded under fire in Basutoland, South Africa. One of his acts is well worth recording: During the attack on Moirosi's Mountain, he, under a heavy fire, carried in his arms from an exposed position a wounded corporal. While removing him to a place of safety the corporal was again wounded, though the surgeon remained unharmed. The surgeon then returned under a severe fire to dress the wounds of other men of the storming party, and remained until the work was completed, though the fire at the latter part of the time had become furious.

MALARIA.—On an average two ounces and a half of quinine are daily sold in the little village of Schagticoke, near Albany, New York. Yet a year ago the place was regarded as one of the most healthy in the State. It is charmingly situated in the hills of the Upper Hudson Valley. Malaria appeared soon after a railway embankment was constructed, which checked the course of several small streams and caused the formation of stagnant pools. This is one of the numerous instances which show that malaria comes from choked up water-courses. It might be well to inquire whether similar causes are not at work to produce the recent reappearance of malaria in certain portions of New England.